



15992 U.S. PTO  
042104

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19587 U.S. PTO  
10/028942  
042104



**PATENT**

Attorney Docket No. CCF-6559NP

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of Inventor(s): **Isador H. Lieberman**

For (title): **APPARATUS FOR DEPOSITING BONE GRAFTING MATERIAL**

Enclosed are:

1. **Papers Required for Filing Date Under 37 CFR 1.53(b):**

7 Pages of specification  
1 Pages Abstract  
5 Pages of claims  
2 Sheets of drawing

formal (Figs. 1-7)  
 informal

In addition to the above papers there is also attached: **An Information Disclosure Statement (2 pgs.); and PTO-Form 1449 (1 pg.); citing THREE (3) U.S. Patent Documents**

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date April 21, 2004 in envelope as "Express Mail Post Office to Addressee" Mailing Label Number ET-035757515US addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Anita J. Galo

(Type or print name of person mailing paper)

  
(Signature of person mailing paper)

**2. Declaration or oath:**

Enclosed (Executed)  
 Not Enclosed.

**3. Language:**

English  
 Non-English  
 A verified English translation of the  
     specification and claims  
     declaration

is attached.

**4. Assignment:**

An assignment of the invention to The Cleveland Clinic Foundation

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is attached.  
 will follow

**5. Certified Copy:**

Certified copy (ies) of application (s)

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(Country) (Appln. No.) (Filed)

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(Country) (Appln. No.) (Filed)

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(Country) (Appln. No.) (Filed)

from which priority is claimed

is attached  
 will follow

**6. Fee Calculation:**

(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED					
Number Filed		Number Extra	Rate	Basic Fee	
				\$ 385.00	
Total Claims	<b>15</b>	-20 =	0 X \$ 9.00	<b>0.00</b>	
Independent Claims	<b>3</b>	- 3 =	0 X \$ 43.00	<b>0.00</b>	
Multiple dependent claim(s), if any			0 + \$145.00	<b>0.00</b>	

- Amendment canceling extra claims enclosed
- Amendment deleting multiple dependencies enclosed
- Fee for extra claims is not being paid at this time

Filing Fee Calculation

**\$385.00**

**7. Small Entity Statement**

- The present application will be assigned to and is being filed on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27(a)(3) (tax exempt organization) for purposes of paying reduced fees.

**8. Fee Payment Being Made At This Time:**

Enclosed:

- basic filing fee **\$385.00**
- assignment recordal fee **\$40.00**
- for processing an application with a specification in a non-English language **\$ \_\_\_\_\_**

**Total fees enclosed**

**\$425.00**

**9. Method of Payment Fees:**

- check in the amount of **\$425.00** enclosed.
- The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

**10. Instructions As to Overpayment:**

- refund

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**SIGNATURE OF ATTORNEY, REG. NO. 40,871**

**Richard S. Wesorick**

Type or print name of attorney